



Arkansas Department of Human Services

Division of Medical Services

Donaghey Plaza South

PO Box 1437

Little Rock, Arkansas 72203-1437

Internet Website: www.medicaid.state.ar.us

Telephone: (501) 682-8292 TDD: (501) 682-6789 or 1-877-708-8191 FAX: (501) 682-1197

OFFICIAL NOTICE

DMS-2004-AR-3	DMS-2004-I-2	DMS-2004-FF-3	DMS-2004-Y-4
DMS-2004-C-5	DMS-2004-L-6	DMS-2004-R-6	DMS-2004-YY-6
DMS-2004-F-3	DMS-2004-KK-5	DMS-2004-EE-2	

TO: **Health Care Provider – ARKids First-B; Child Health Management Services (CHMS); Developmental Day Treatment Clinic Services (DDTCS); Home Health; Hospital; Nurse Practitioner; Occupational, Physical, Speech Therapy; Physician; Podiatrist; Rehabilitative Hospital and Rehabilitative Services for Persons with Mental Illness (RSPMI)**

DATE:

SUBJECT: Proposed - Revision of Form DMS-640

Effective for dates of service on or after August 1, 2004, form DMS-640, Occupational, Physical, and Speech Therapy for Medicaid Eligible Recipients Under Age 21 Prescription/Referral and the instructions for completion are revised. Primary care physicians (PCPs) are required to use the revised form as of August 1, 2004, when making referrals for therapy evaluation and when prescribing therapy treatment. A copy of form DMS-640 with instructions is attached.

The form is revised to substitute the word primary diagnosis for medical diagnosis. Developmental diagnosis and clinical indication for treatment are deleted. Lines are added for the PCP to enter the diagnosis as it relates to the prescribed treatment.

Expenditures, unduplicated recipient count, average units and cost for claims with a paid date during state fiscal year (SFY) 2003 for recipients under age 21 are also included as part of the revision.

Each year the Division of Medical Services (DMS) will update form DMS-640 to ensure that the expenditure data are from the most recently completed state fiscal year for which such figures are available. As soon as the update is complete, DMS will furnish providers with the current form.

PROPOSED

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.